

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-87)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	OEP.	IND.	OEP.	IND.	OEP.
1	/					
2	/					
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7	/					
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49						
50						
TOTAL IND.	8					
TOTAL OEP.	36					
TOTAL	44					

NO.	IND.		OEP.		NO.	IND.		OEP.	
	IND.	OEP.	IND.	OEP.		IND.	OEP.	IND.	OEP.
61									
62									
63									
64									
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TOTAL IND.									
TOTAL OEP.									
TOTAL									

P-202011

44